

In re:  
**Coshocton County Memorial Hospital Association**  
Debtor  
Chapter 11 Case No: **16-51552-amk**

**Post-Confirmation Status Report**  
Quarter: **4/01/2019 through 6/30/2019**

Attorney/Professional - Name, Address, Phone, FAX & Email:  
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200 Public Square, Suite 2800  
Cleveland, OH 44114  
Email: dademarco@hahnlaw.com Phone: (216) 274-2432

Person responsible for report: Name, Address, Phone, FAX & Email:  
Joseph Oriti  
1603 Orrington Avenue, Suite 1600  
Evanston, IL 60201  
Email: joriti@soliccapi.com Phone: (847) 583-2807


**SUMMARY OF DISBURSEMENTS MADE DURING THE QUARTER**

Disbursement made under the plan:	Payments to Professionals:	\$ 70,326.29
	Payments to Secured Creditors:	\$
	Payments to Priority Creditors:	\$ 27,395.97
	Payments to Unsecured Creditors:	\$
	Payments to Equity:	\$
	All other plan payments:	\$
	TOTAL OF PLAN PAYMENTS:	\$ 97,722.26
Disbursements from Operations:		\$ 5,242.15
<b>TOTAL ALL DISBURSEMENTS</b>		<b>\$ 102,964.41</b>

Date Order was entered confirming plan?	July 12, 2017
Who is the Disbursing Agent (if any)?	n/a
Current with Plan Payments? Why not?	Yes
Projected date for final decree?	TBD
What needs to be achieved before a final decree will be sought (attach a separate sheet if necessary)?	Completion of all provisions under the Plan of Liquidation
Provide a narrative of events that impact upon the ability to perform under the reorganization plan or other significant events that occurred during the reporting period (attach a separate sheet if necessary).	n/a
Date last U.S. Trustee fee paid?	5/7/19
Amount Paid?	\$ 4,875.00

I declare under penalty of perjury that the information contained in the document is true, complete and correct.

July 3, 2019  
Date

  
Signature of person responsible for this report  
Name and Title: Joseph Oriti, Liquidation Trustee

*This report is to be filed with the U.S. Bankruptcy Court quarterly until a final decree is entered.  
You may be required to file additional reports with the Bankruptcy Court.*